

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90316 026 ***150.00

DOCUMENT # P96000078883

1. Entity Name
A1 LEASING, INC.

Principal Place of Business 141 WATERMAN AVE SUITE 308 MOUNT DORA FL 32757 US	Mailing Address 141 WATERMAN AVE P.O. BOX 940385 MOUNT DORA FL 32757-9541 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2761 W Old Highway 441 Suite, Apt. #, etc. Suite A	3. Mailing Address 2761 W Old Highway 441 Suite, Apt. #, etc. Suite A
City & State Mount Dora, Florida	City & State Mount Dora, Florida

4. FEI Number 59-3403850	Applied For <input type="checkbox"/> Not Applicable
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Zip 32757	Country	Zip 32757	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**ALBERSON, MICHAEL C
 141 WATERMAN AVE
 MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent
 Name **Robert Siler**
 Street Address (P.O. Box Number is Not Acceptable)
4914 W. Knox St
 City **TAMPA** FL Zip Code **33634**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *[Signature]* **Robert Siler, Vice President/ Secretary** DATE **4/27/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE P	NAME RAMSEY, WALTER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 141 WATERMAN AVE	CITY-ST-ZIP MOUNT DORA FL 32757	
TITLE VPST	NAME ALBERSON, MICHAEL C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 141 WATERMAN AVE	CITY-ST-ZIP MOUNT DORA FL 32757	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P/CEO	NAME Raymond Hayes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1305 Chastain Rd N.W., Bldg. 100, Ste 400	CITY-ST-ZIP Kennesaw, GA 30144	
TITLE VP/T/AS	NAME Craig Mamelson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1305 Chastain Rd N.W., Bldg. 100, Ste. 400	CITY-ST-ZIP Kennesaw, GA 30144	
TITLE VP/S	NAME Robert Siler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4914 W. Knox Street	CITY-ST-ZIP Tampa, FL 33634	
TITLE VP/AS	NAME Joshua T. Gaines	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2821 South Parker Rd.	CITY-ST-ZIP Aurora, CO 80014	
TITLE VP/AS	NAME Gino Porazzo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2821 South Parker Rd.	CITY-ST-ZIP Aurora, CO 80014	
TITLE AS	NAME Susan A. Whittaker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2821 South Parker Rd.	CITY-ST-ZIP Aurora, CO 80014	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **4/27/00** **888-210-2903**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

C-1 0/14/99